

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074229

Entity Name: ARMANDO'S, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

9090 NW SOUTH RIVER DR
SUITE 1
MEDLEY, FL 33166

New Principal Place of Business:

3598 NW 27 AVE
MIAMI, FL 33142

Current Mailing Address:

9090 NW SOUTH RIVER DR
SUITE 1
MEDLEY, FL 33166

New Mailing Address:

3598 NW 27 AVE
MIAMI, FL 33142

FEI Number: 65-0610848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEBLES, ARMANDO
9090 NW SOUTH RIVER DR
MEDLEY, FL 33166 US

Name and Address of New Registered Agent:

SOCOLOW, BRIAN L
3598 NW 27 AVE
MIAMI, FL 33142 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN SOCOLOW

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FEBLES, ARMANDO
Address: 9090 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33166

Title: PD () Delete
Name: OSMAN, ELLEN
Address: 7404 SW 134 STREET
City-St-Zip: MIAMI, FL 33156

Title: ST () Delete
Name: BURGOS, LUCY
Address: 9090 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN OSMAN

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date